



### School Immunization Survey Instructions

Complete the School Immunization Survey online at:

[www.ndhealth.gov/Immunize/schools/survey.aspx](http://www.ndhealth.gov/Immunize/schools/survey.aspx)

1. Select the name of your school from the drop-down box.
2. Choose whether your school is a public or private facility.
3. From the *Grade at School Entry* drop-down box, choose whether your facility counts school entry as kindergarten, first grade, or not applicable if your school does not have a grade at school entry (i.e., high school that has only grades 9-12).
4. From the *Grade at Middle School Entry* drop-down box, choose whether your facility counts middle school entry as sixth grade, seventh grade, or not applicable if your facility does not have grades that would be considered middle school (i.e., a school that has only K-5).
5. Type the name of the institution authority (designated by the governing body of the school) in the *Institution Authority* text box.
6. Type the phone number of the institution authority (principal or administrator) in the *Institution Authority Phone Number* text box.
7. Type the name of the person entering the survey online in the *Person Submitting Report* text box.
8. Type the phone number of the person entering the survey online in the *Person Submitting Phone Number* text box.
9. If this is the first report you are submitting this year, do not check the revised report box. If you are submitting a follow-up report, check the *Revised Report* box. Revised reports are not required.
10. Type the e-mail address of your school's institution authority in the *E-mail Address* text box.
11. Choose whether your school currently has access to the North Dakota Immunization Information System (NDIIS). NDIIS is the statewide immunization registry, which is also commonly referred to as THOR.
  - a) If yes, select yes/no for whether your school pulls immunization records from NDIIS for use in a student record.
  - b) If no, please skip this question.
12. Select the option for who at your facility determines which students are up to date with their immunizations. If the correct individual's title is not available in the drop-down box, please select "other" and fill in the correct title in the box next to the question.
13. Answer whether your school excludes students who do not meet the immunization requirements or have a valid exemption within 30 days of the beginning of the school year. If the correct answer is not available in the drop-down box, please select "other" and fill in the correct answer in the box next to the question.
14. Under "Student Information" is a table. Complete the table by entering the total number of students for each grade that meet the criteria. For example, if your school is an elementary school with grades K through 6, enter the total number of students for only those grades.

Homeschooled students should be included in this tally. The grades that are not in your school should be left blank.

- a. Enrolled: total number of students enrolled in each grade.
  - b. With no immunization record: total number of students, by grade, that have not submitted an immunization record to your school.
  - c. Claiming medical exemption: total number of students, by grade, that have claimed a medical exemption (requires physician signature).
  - d. Claiming religious exemption: total number of students, by grade, that have claimed a religious exemption (requires parent/guardian signature).
  - e. Claiming philosophical exemption: total number of students, by grade, that have claimed a philosophical exemption (requires parent/guardian signature).
  - f. Claiming a moral exemption: total number of students, by grade, that have claimed a moral exemption (requires parent/guardian signature).
  - g. Claiming history of disease exemption: total number of students, by grade, that have claimed a history of disease exemption (i.e., have had chickenpox disease).
15. Under “Vaccination Status” is another table. Complete the table by entering the total number of students that are “Fully Immunized” with each of the requested vaccines by grade.
- a. IPV or OPV: four doses required for grades K-12 (one dose must have been given on or after the fourth birthday. If third dose was given after fourth birthday, then a fourth dose is not needed).
  - b. DTP/DTaP/DT/Td: Five or more doses required for grades K-12 (one dose must have been given on or after the fourth birthday). Three doses of a tetanus-containing vaccine are required for children 7 years of age and older if not previously vaccinated.
  - c. MMR: Two doses required for grades K-12.
  - d. Hepatitis B: Three doses are required for grades K-11. Please submit hepatitis B immunization data for all grades.
  - e. Varicella (chickenpox): Two doses are required for K-6. One dose is required for grades 7-10. Please do not include children who have a history of disease as “fully immunized.” These children will be included and counted as up-to-date by the NDDoH. Please submit varicella immunization data for all grades, even though there is not a requirement.
  - f. TD/Tdap: One dose is required for entry into the seventh grade. In other grades this is not a school immunization requirement. If your school collects information about booster dose Td/Tdap, please add the immunization data for grades 7-12.
  - g. Meningococcal: One dose is required for entry into the seventh grade. In other grades this is not a school immunization requirement. If your school collects information about Meningococcal vaccine, please add the immunization data for grades 7-12.
16. When you are finished completing this form, click the Submit Survey button. This will take you to a page to print your survey. Your school immunization survey has been submitted at this point. Please print a copy of your schools immunization survey for your records.
17. You will receive an e-mail stating that the Immunization Program staff has received your school’s information. If you do not receive an e-mail it is possible that your school immunization survey was not submitted. If this happens please contact the NDDoH Immunization Program at 800.472.2180.